PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

1151-4165051

			SMALL ENTITY			OTHER THAN						
TOTAL CLAIMS			(Column 1)		(Column 2)		1	TYPE		OR		ENTITY
TOTAL CLAIMS			3	3.3				RATE	FEE].	RATE	FEE
F	OR	•	NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			33 minus 20=		*	13		X\$ 9=	117	OR	X\$18=	
 	DEPENDENT C			ninus 3 =	*	1		X43=	43	OR	X86=	
М	JLTIPLE DEPE	NDENT CLAIM F	PRESENT	· · · <u> </u>				+145=	U	OR	+290=	
* 1	f the difference	e in column 1 is	less than z	ero, enter	"0" in	column 2	ı	TOTAL	548	OR	TOTAL	
	C	CLAIMS AS A	AMENDE	MENDED - PART II				OTHER THAN				
(Column 1)			<u></u>	(Colum		(Column 3)	1 -	SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT	·	HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	•		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1 1	+290=	
								+145=		OR	TOTAL	
(Column 1) (Column 2) (Column 3)								DDIT. FEE		OR ,	ADDIT. FEE	
_	,	CLAIMS	T	HIGHE	ST	(Column 3)	Ìг		ADDI-	1 1		4001
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=··		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1.15				
								+145=		OR	+290=	•
•							AI	DOIT FEE		OR A	TOTAL ODIT. FEE	
		(Column 1) CLAIMS		(Columi		(Column 3)	·			_		
MEN		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	IR JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	-	X43=			X86=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X-10=		OR -	∧00=	
± 14	the entry in selve		+145=		OR	+290=						
** H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT, FEE	
T	he *Highest Num	ber Previously Paid	I For (Total or	independent	ess than i) is the l	i 3, enter "3." highest number		DIT. FEE L	opriate box			